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APPLICANTS

Jyri Sintonen, San Diego, CA;

**** CONTINUING DATA *******

None JAT

**** FOREIGN APPLICATIONS *******

None JAT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/27/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	CA	DRAWING 5	CLAIMS 20	CLAIMS 3
Verified and Acknowledged Examiner's Signature	JAT Initials				

ADDRESS

30973
 SCHEEF & STONE, L.L.P.
 5956 SHERRY LANE
 SUITE 1400
 DALLAS , TX
 75225

TITLE

Interference dependent ADC headroom adjustment

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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